
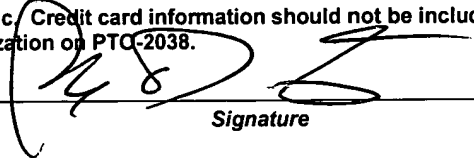
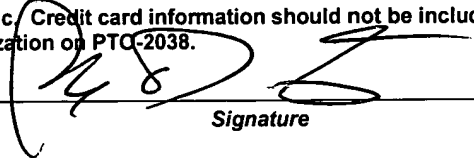
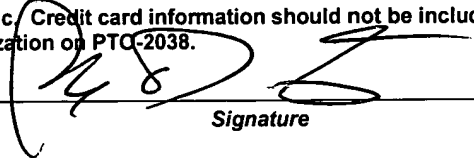



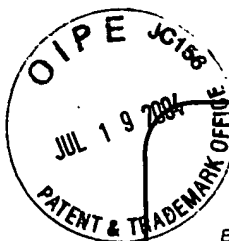
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) RPI-103US																			
																					
In re Application of Xi-Cheng Zhang et al.																					
Application Number 09/826,458	Filed April 5, 2001																				
For TERAHERTZ TRANSCEIVERS AND METHODS FOR EMISSION AND DETECTION OF TERAHERTZ PULSES USING SUCH TRANSCEIVERS																					
Art Unit 2878	Examiner Shun K. Lee																				
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month</td> <td>(37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$110</td> </tr> <tr> <td><input type="checkbox"/> Two months</td> <td>(37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months</td> <td>(37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months</td> <td>(37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months</td> <td>(37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 18-0350. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>41,712</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 40%; text-align: center;"> <u>July 12, 2004</u> Date </td> <td style="width: 60%; text-align: center;">  Signature </td> </tr> <tr> <td style="text-align: center;"> <u>(302) 778-2500</u> Telephone Number </td> <td style="text-align: center;"> <u>Rex A. Donnelly</u> Typed or Printed Name </td> </tr> </table>			<input checked="" type="checkbox"/> One month	(37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months	(37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months	(37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months	(37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months	(37 CFR 1.17(a)(5))	\$ _____	<u>July 12, 2004</u> Date	 Signature	<u>(302) 778-2500</u> Telephone Number	<u>Rex A. Donnelly</u> Typed or Printed Name
<input checked="" type="checkbox"/> One month	(37 CFR 1.17(a)(1))	\$110																			
<input type="checkbox"/> Two months	(37 CFR 1.17(a)(2))	\$ _____																			
<input type="checkbox"/> Three months	(37 CFR 1.17(a)(3))	\$ _____																			
<input type="checkbox"/> Four months	(37 CFR 1.17(a)(4))	\$ _____																			
<input type="checkbox"/> Five months	(37 CFR 1.17(a)(5))	\$ _____																			
<u>July 12, 2004</u> Date	 Signature																				
<u>(302) 778-2500</u> Telephone Number	<u>Rex A. Donnelly</u> Typed or Printed Name																				
CERTIFICATE OF MAILING OR TRANSMISSION																					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.																					
Name (Print/Type)	Ruth Curran																				
Signature		Date																			
		July 12, 2004																			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																					
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.																					

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

07/20/2004 ZJUHA1 00000027 09826458 110.00 0P 01 FC:1251



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 09/826,458

Filing Date April 5, 2001

First Named Inventor Xi-Cheng Zhang

Examiner Name Shun K. Lee

Art Unit 2878

Attorney Docket No. RPI-103US

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money ☐ Other ☐ None
Order☒ Deposit Account (use as backup only):Deposit
Account
Number

18-0350

Deposit
Account
Name

RatnerPrestia

The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below		Fee Paid
Total Claims		-20**	=	0	X		= 0
Independent Claims		-3**	=	0	X		= 0
Multiple Dependent					X		= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 110

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Rex A. Donnelly	Registration No. Attorney/Agent	41,712	Telephone	(302) 778-2500
Signature		Date	July 12, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.